PAGE 1 / 23

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Th	an An Authorize	d Committee		Office U	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typing, typer the lines.	ne 12FF	E4M5	
, CLEARPATH ACTION	I, INC.					
ADDRESS (number and street)	300 NEW JER	RSEY AVE NW #907				
▼ Check if different						
than previously reported. (ACC)	WASHINGTO)N 		DC	2000	1
2. FEC IDENTIFICATION NU	UMBER ▼	CITY 🛦		STATE A	\	ZIP CODE ▲
C C00608943		3. IS THIS REPORT	NEW (N)	OR x	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)			Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		Mar 20 (M3)		` ' □	Sep 20 (M9)	(Non-Election Year Only)
April 15 Quarterly Report (C	01)	Apr 20 (M4)	Jul 20	(M7) x	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (C	(c) 12-l PRI	E-Election	Primary (12P)		neral (12G)	Runoff (12R)
October 15 Quarterly Report (C	Rep	port for the:	Convention (12C)	Spe	ecial (12S)	
January 31 Year-End Report (Y		Election on	M M / D) / Y Y I	Y	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	PO:	Day ST-Election out for the:	General (30G)	Rui	noff (30R)	Special (30S)
Termination Report (TER)		Election on	M = M / D =	/ / / / /	Y	in the State of
5. Covering Period 09	9 01	2016	through	M M / D 30	D / Y Y 20	16
I certify that I have examined th			wledge and belief	it is true, corre	ct and comple	te.
Type or Print Name of Treasure	CROSBY, CA	LLEB, , ,				
Signature of Treasurer	SBY, CALEB, , ,		[Electronically Filed]	Date	M M / D	
NOTE: Submission of false, erron	eous, or incomple	ete information may s	ubject the person sig	gning this Repor	t to the penalt	ies of 52 U.S.C. § 30109
Office Use						FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name CLEARPATH ACTION, INC. 09 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2016 (b) Cash on Hand at 445851.01 Beginning of Reporting Period..... 1500000.00 3650000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3650000.00 1945851.01 6(a) and 6(c) for Column B)..... 788939.93 2493088.92 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1156911.08 1156911.08 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3 FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CLEARPATH A	CTION.	INC.
-------------	--------	------

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ributions (other than loans) From:		
(i) Itemized (use Schedule A)	1500000.00	3650000.00
(ii) Unitemized	0.00	0.00
Lines 11(a)(i) and (ii)	1500000.00	3650000.00
Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	1500000.00	3650000.00
sfers From Affiliated/Other Committees	0.00	0.00
oans Received	0.00	0.00
Renayments Received	0.00	0.00
	72 72 72	
	0.00	0.00
nds of Contributions Made	42 42	4 4
ederal Candidates and Other		
cal Committees	0.00	0.00
r Federal Receipts		
dends, Interest, etc.)	0.00	0.00
	S	7 7 7
Ion-Federal Account		
(from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Individuals/Persons Other Than Political Committees (ii) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaistina. 1941 to Bate
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	185568.34	835807.26
(add 21(a)(i), (a)(ii), and (b))▶	185568.34	835807.26
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	
and Other Political Committees Independent Expenditures	0.00	100000.00
(use Schedule E) Coordinated Party Expenditures	603371.59	1557281.66
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		4 4 4
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	788939.93	2493088.92
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	788939.93	2493088.92
,	49. 49. 40.	2-135000.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

(subtract Line 37 from Line 36)

Page 5 185568.34 835807.26

1 LO I OIIII OX (NOV. OO/LOTO)		i ago 🗸		
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1500000.00	3650000.00		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1500000.00	3650000.00		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	185568.34	835807.26		
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38. Net Operating Expenditures				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

l	I TOTT EITHE TROMBETT.			PAGE	6	OF	23			
l	(c	he	ck only	or	ne)					
l		X	11a		11b		11c	12	2	
l			13		14		15	16	6	17

	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.		
Full Name of Individual (Last, First, Middle FAISON, JAY, , , Mailing Address 1355 GREENWOOD CLIF	·	Date of Receipt
STE 301	Choka Zin O. J.	09 23 2016
City CHARLOTTE	State Zip Code NC 28204	Transaction ID : SA11AI.4388
FEC ID number of contributing federal political committee.	C 20204	Amount of Each Receipt this Period 1500000.00
Name of Employer (for Individual) CLEARPATH ACTION, INC.	Occupation (for Individual) PRESIDENT	Memo Item CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000000.00	
Full Name of Individual (Last, First, Middle Mailing Address	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	1)	1500000.00
TOTAL This Period (last page this line num	nber only)	1500000.00

ľ

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 2 (check only one)				
II LIWIIZED DISBURSEMIEN IS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.						
Full Name (Last, First, Middle Initial) ANTHRO DIGITAL			Date of Disbursement			
Mailing Address 455 1ST STREET			09 26 2016			
City BROOKLYN Purpose of Disbursement	State Zip Code NY 11215		FEC Identification Number			
SEE SCHEDULE E Candidate Name	[Category/	Transaction ID : SB21B.4387 Amount of Each Disbursement this Period			
Office Sought: House Disburser Senate President		Type	-7500.00			
State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) B. ANTHRO DIGITAL Mailing Address 455 1ST STREET			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City BROOKLYN Purpose of Disbursement DIGITAL CONSULTING Candidate Name	State Zip Code NY 11215	Category/	FEC Identification Number C Transaction ID: SB21B.4418 Amount of Each Disbursement this Period			
Office Sought: House Senate President State: Disburser		Type	50000.00 Memo Item			
Full Name (Last, First, Middle Initial) ANTHRO DIGITAL			Date of Disbursement			
Mailing Address 455 1ST STREET			09 30 2016			
BROOKLYN	State Zip Code NY 11215		FEC Identification Number			
Purpose of Disbursement SURVEY RESEARCH Candidate Name	[Category/	Transaction ID : SB21B.4420 Amount of Each Disbursement this Period			
Office Sought: House Disburser Senate President		Type	108463.46 Memo Item			
State: District:			-			
SUBTOTAL of Disbursements This Page (optional)		·····• >	150963.46			
TOTAL This Period (last page this line number only)	1					

SCHEDULE B (FEC Form 3X)	T		FOR LINE NUMBER: PAGE 8 OF				
ITEMIZED DISBURSEMENTS		category of the	I `	only one)			
		Summary Page		1b 22 8a 28b	23 28c	26 27 29 30b	
Anni information coniced from such Demants and Otata							
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
CLEARPATH ACTION, INC.							
Full Name (Last, First, Middle Initial)				5.	(D: 1		
A. BANK OF AMERICA				Date	of Disburse		
Mailing Address 100 NORTH TRYON STREET				09		2016	
City	State	Zip Code		FEC I	dentificatio	n Number	
CHARLOTTE Purpose of Disbursement	NC	28255					
BANK FEES							
Candidate Name			Category/			ID: SB21B.4402 Disbursement this Period	
			Type	711100	it of Edon		
	ment For:				7	30.00	
Senate President	Primary	General					
State: District:	Other (spe	ecity) \blacktriangledown		M	emo Item		
Full Name (Last, First, Middle Initial)							
B. BANK OF AMERICA				Date	of Disburse	ement	
				M = 1	/ / D	D / Y Y Y Y Y	
Mailing Address 100 NORTH TRYON STREET				09	(2016	
City CHARLOTTE	State NC	Zip Code		FEC I	dentificatio	n Number	
Purpose of Disbursement	INC	28255					
BANK FEES			l		onocation	ID : SB21B.4403	
Candidate Name			Category/	- 1		Disbursement this Period	
0/5			Type			20.00	
Office Sought: House Disburse Senate	ment For: Primary	General			-	30.00	
President	Other (spe						
State: District:	(-)	,,		M	emo Item		
Full Name (Last, First, Middle Initial)							
C. BANK OF AMERICA				Date	of Disburse		
Mailing Address 100 NORTH TRYON STREET				09)7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
20	0	·					
City CHARLOTTE	State NC	Zip Code 28255		FEC I	dentificatio	n Number	
Purpose of Disbursement	110	20200		С			
BANK FEES					ransaction	1D : SB21B.4404	
Candidate Name			Category/	Amou	nt of Each	Disbursement this Period	
Office Sought: House Disburse	ment For:		Туре			30.00	
Senate Disburse	Primary	General			-	23.00	
President	Other (spe				emo Item		
State: District:					enio iteni		
						2000	
SUBTOTAL of Disbursements This Page (optional).)	. L		90.00	
TOTAL This Period (last page this line number only	<i>\</i>						

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SCHEDULE B (FEC Form 3X)	Hon sim	roto och adala (-/-)		NUMBER:	PAGE 9 OF 23	
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check on	· — · –	□ 00] oc
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b
Any information copied from such Reports and Statem	ents may n	ot he sold or use				
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
CLEARPATH ACTION, INC.						
Full Name (Last, First, Middle Initial)				Dota of 5	Diobura a er	nt
A. BANK OF AMERICA					Disburseme	
Mailing Address 100 NORTH TRYON STREET				09	16	2016
,	state	Zip Code		FEC Ider	tification N	umber
CHARLOTTE Purpose of Disbursement	NC	28255				
BANK FEES				C		
Candidate Name			Category/			: SB21B.4407 bursement this Period
			Type	, anount (Lacii Dis	
Office Sought: House Disbursem				1	7	30.00
	Primary	General				
State: District:	Other (spec	ııy <i>)</i> ▼		Mem	o Item	
Full Name (Last, First, Middle Initial)						
B. BANK OF AMERICA				Date of I	Disburseme	nt
				M = M	/ D D	/ Y Y Y Y Y
Mailing Address 100 NORTH TRYON STREET				09	19	2016
,	itate NC	Zip Code 28255		FEC Ider	tification N	umber
Purpose of Disbursement	110	20200		C		
BÁNK FEES					saction ID	: SB21B.4408
Candidate Name			Category/ Type			bursement this Period
Office Sought: House Disbursem	ent For:		71: 1	1 1		30.00
	Primary	General			7-	7
	Other (spec	ify)		Mem	o Item	
State: District: Full Name (Last, First, Middle Initial)				_		
C. BANK OF AMERICA				Date of I	Disburseme	nt
				M M	/ D D	/ Y = Y = Y = Y
Mailing Address 100 NORTH TRYON STREET				09	19	2016
,	state	Zip Code		FEC Ider	tification N	umber
CHARLOTTE Purpose of Disbursement	NC	28255				
Purpose of Disbursement BANK FEES				C		
Candidate Name			Category/			: SB21B.4409 bursement this Period
Office Sought: House Disbursem	ent For		Type	1		30.00
	Primary	General				4-1-4-1
President	Other (spec	ify) ▼		Mem	o Item	
State: District:						
						90.00
SUBTOTAL of Disbursements This Page (optional)			·····••		7	30.00
TOTAL This Period (last page this line number only).						

SCHEDULE B (FEC Form 3X)	T		FOR LINE NUMBER: PAGE 10 OF 2				
ITEMIZED DISBURSEMENTS		category of the	I `	only one)			
		Summary Page		1b 22 8a 28b	23 28c	26 27 29 30b	
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Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
CLEARPATH ACTION, INC.							
Full Name (Last, First, Middle Initial)				Dete	4 Diala		
A. BANK OF AMERICA				Date	of Disburse		
Mailing Address 100 NORTH TRYON STREET				09	1	9 2016	
City	State	Zip Code		FEC Id	dentification	n Number	
CHARLOTTE	NC	28255					
Purpose of Disbursement BANK FEES			· · ·				
Candidate Name			0-1			ID: SB21B.4410 Disbursement this Period	
			Category/ Type	Amour	it of Each	Disbursement this Period	
Office Sought: House Disburse	ment For:	I		-	1 25 1	30.00	
Senate	Primary	General			,	,	
State: District:	Other (spe	ecify) \blacktriangledown		Me	emo Item		
Full Name (Last, First, Middle Initial)							
B. BANK OF AMERICA				Date o	of Disburse		
Mailing Address 100 NORTH TRYON STREET				09		2016	
City	State	Zip Code		FEC IO	dentification	n Number	
CHARLOTTE Purpose of Disbursement	NC	28255					
BANK FEES			· · ·				
Candidate Name			Category/	-		ID: SB21B.4411 Disbursement this Period	
			Type	Amour			
	ment For:					30.00	
Senate President	Primary Other (spe	General					
State: District:	Other (spe	city)		Me	emo Item		
Full Name (Last, First, Middle Initial)							
C. BANK OF AMERICA				Date of	of Disburse	ement	
Mailing Address 100 NORTH TRYON STREET				09		0 2016	
20	0	·					
City CHARLOTTE	State NC	Zip Code 28255		FEC Id	dentificatio	n Number	
Purpose of Disbursement	110	20200		С			
BANK FEES			l		ansaction	ID : SB21B.4412	
Candidate Name			Category/	Amour	nt of Each	Disbursement this Period	
Office Sought: House Disburse	ment For:		Type	-		30.00	
Senate	Primary	General				4 4	
President	Other (spe			l n	emo Item		
State: District:				IVIO	onio itelii		
						00.00	
SUBTOTAL of Disbursements This Page (optional).			······································	<u> </u>		90.00	
TOTAL This Period (last page this line number only	<i>'</i>)						

SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 11 OF 23				
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check on	<i>'</i> ′ _	□			
		Summary Page	X 21b		23 26 27 28c 29 30b			
Anninformation conicd from such Departs and Olah								
Any information copied from such Reports and Stat or for commercial purposes, other than using the na						5		
NAME OF COMMITTEE (In Full)								
CLEARPATH ACTION, INC.								
Full Name (Last, First, Middle Initial)				D-44 F	Niele			
A. BRACEWELL				Date of L	Disbursement			
Mailing Address PO BOX 848566				09	15 2016			
City	State	Zip Code		FEC Iden	tification Number			
DALLAS Purpose of Disbursement	TX	75284						
LEGAL CONSULTING				C				
Candidate Name			0-1		saction ID : SB21B.4417 of Each Disbursement this Perio	ad		
			Category/ Type	Amount	T Each Disbursement this Perio	Da		
Office Sought: House Disburs	ement For:	L		11	5000.00			
Senate	Primary	General			,			
State: President State:	Other (sp	ecify) ▼		Mem	o Item			
Full Name (Last, First, Middle Initial)								
B. CROSBY OTTENHOFF GROUP				Date of D	Disbursement			
				M = M	/ D D / Y Y Y Y			
Mailing Address PO BOX 9891				09	15 2016			
City	State VA	Zip Code		FEC Iden	tification Number			
ARLINGTON Purpose of Disbursement	VA	22219		C				
COMPLIANCE CONSULTING					ention ID - CD04D 444C			
Candidate Name			Category/		saction ID : SB21B.4416 of Each Disbursement this Perio	od		
			Type			\neg		
	ement For:	Canaval			3500.00			
Senate President	Primary Other (sp	General ecify)						
State: District:	_ Curior (op	30.iy)		Memo	o Item			
Full Name (Last, First, Middle Initial)								
C. HPC TECHNOLOGY				Date of D	Disbursement			
Mailing Address 2870 PEACHTREE RD				09	02 2016			
#708						ı		
City	State	Zip Code		FEC Iden	tification Number			
ATLANTA Purpose of Disbursement	GA	30305						
SOFTWARE			· · · ·	C				
Candidate Name			Category/		saction ID : SB21B.4400 of Each Disbursement this Perio	od		
			Type	7 tillount o	T Each Blood Contont the Tone			
	ement For:			7 L	210.00			
Senate	Primary	General						
State: District:	Other (sp	ecify) \blacktriangledown		Mem	o Item			
State. District.						_		
SUBTOTAL of Disbursements This Page (optional)					8710.00			
				-	7	Ħ		
TOTAL This Period (last page this line number on	v)							

SCHEDULE B (FEC Form 3X)	·		FOR LIN	IE NUMBER				
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check o	·				
		Summary Page	X 21		23 28c	26 27 29 30b		
Any information conicd from such Deposits and Olek								
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
CLEARPATH ACTION, INC.								
Full Name (Last, First, Middle Initial)				Б.	(D: 1			
A. OLIVE TREE STRATEGIES,LLC	M = M	f Disburse	D / Y Y Y Y					
Mailing Address 2711 ORDWAY STREET NW #200				09	2	32016		
City WASHINGTON	State DC	Zip Code 20008		FEC Id	entification	n Number		
Purpose of Disbursement		20000		С				
POLITICAL STRATEGY CONSULTING						ID : SB21B.4419		
Candidate Name			Category/			Disbursement this Period		
			Type			2071.00		
	ement For:	0				9374.88		
Senate President	Primary Other (sp	General						
State: District:	Other (sp	Cony) ¥		Me	emo Item			
Full Name (Last, First, Middle Initial)								
B. RAE, LLC				Date o	f Disburse	ment		
				M = M		D / Y Y Y Y Y		
Mailing Address 626 NORTH CAROLINA AVE SI				09	1	6 2016		
City	State DC	Zip Code		FEC Id	entification	n Number		
WASHINGTON Purpose of Disbursement	DC	20003		C				
POLITICAL STRATEGY CONSULTING						ID 0004D 4400		
Candidate Name			Category/			ID: SB21B.4406 Disbursement this Period		
			Type			1 1 1 1 1 1 1 1 1 1		
	ement For: Primary	General				12500.00		
Senate President								
State: District:	Other (sp	oony)		Me	emo Item			
Full Name (Last, First, Middle Initial)								
C. THE MORNING GROUP					f Disburse			
Mailing Address 525 G STREET SE				09	0			
#15 City	State	Zip Code						
WASHINGTON	DC	20003		FEC Id	entification	1 Number		
Purpose of Disbursement FUNDRAISING CONSULTING			· · ·	C		ID 00010 1115		
Candidate Name			ID: SB21B.4415 Disbursement this Period					
Office Sought: House Disburs	ement For:		Type	-		3750.00		
Senate	Primary	General			7	4		
President	Other (sp	I Ma	emo Item					
State: District:					o item			
SUBTOTAL of Disbursements This Page (optional)						25624.88		
,					7	405500.04		
TOTAL This Period (last page this line number only	v)					185568.34		

TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 13 OF 23
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼
·				C C00608943
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee ANTHRO DIGITAL		☐ Memo	Item Date	of Public Distribution/Dissemination
				M 09
Mailing Address 455 1ST STREET			Amo	unt
City	State	Zip Code		11433.35
BROOKLYN	NY	11215		saction ID : SE.4301 of Disbursement or Obligation
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type 004	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ght: K House District: 23
REED, THOMAS W II, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		63433.35	Disburseme	ent For: Primary X General
rei Liection for Office Sought	7 7			Other (specify)
Full Name of Payee ANTHRO DIGITAL		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address				08 29 2016
455 1ST STREET			Amo	unt
City	State	Zip Code		14719.12
BROOKLYN	NY	11215	Trai	nsaction ID : SE.4302 of Disbursement or Obligation
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type 004		M 09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ght: K House District: 26
CURBELO, CARLOS, , ,		Oppose	Presi	dent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		66719.12	Disburseme	ent For: 🗶 Primary 🗌 General
T et Liection foi Office Sought	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	š		• •	26152.47
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
CROSBY, CALEB, , ,	[Electronically File	[ed]	M M /	20 2016
Signature		Date	e 10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 23
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼
				C C00608943
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ite of Public Distribution/Dissemination
ANTHRO DIGITAL				09 03 7 2016
Mailing Address 455 1ST STREET			An	nount
City	State	Zip Code		14719.12
BROOKLYN	NY	11215		ansaction ID : SE.4303 tte of Disbursement or Obligation
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type 004		09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office So	ought: X House District: 26
CURBELO, CARLOS, , ,		Oppose		esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	14719.12	Disburser 2016	ment For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
ANTHRO DIGITAL				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 455 1ST STREET				09 07 2310
iso for emaz.			An	nount
City	State	Zip Code		10000.00
BROOKLYN	NY	11215		ransaction ID : SE.4328 ate of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		M 09 / D 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office So	ought: X House District: 26
CURBELO, CARLOS, , ,		Oppose	Pre	esident Senate State: FL
Calendar Year-To-Date		24719.12	Disburser	ment For: Primary X General
Per Election for Office Sought	7 7	21110112	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$		•	24719.12
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
CROSBY, CALEB, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	I mounty I'm	_ Date	10	20 2016

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 23
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼
				C C00608943
Check if 24-hour report 48-hour report	New repo	ort Amends repor	rt filed on	M / D D / Y Y Y Y
Full Name of Payee ANTHRO DIGITAL		☐ Memo I	_	of Public Distribution/Dissemination
Mailing Address 455 1ST STREET			L	09 07 2016
400 101 STREET			Amou	int
City	State	Zip Code		10000.00
BROOKLYN	NY	11215		saction ID : SE.4329 of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		09 07 2016
Name of Federal Candidate:		✗ Support	Office Sough	ht: X House District: 21
STEFANIK, ELISE M., , ,		Oppose	Presid	NIV
Calendar Year-To-Date Per Election for Office Sought	7	62000.00	Disbursemen 2016	nt For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo I	1_	of Public Distribution/Dissemination
ANTHRO DIGITAL				09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 455 1ST STREET				
			Amou	int
City	State	Zip Code		10000.00
BROOKLYN	NY	11215		saction ID : SE.4330 of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		09 / 07 / 2016
Name of Federal Candidate:		x Support	Office Sough	nt: X House District: 23
REED, THOMAS W II, , ,		Oppose	Presid	NIV
Calendar Year-To-Date Per Election for Office Sought	7	73433.35	Disbursemen 2016	nt For:
				(4)
(a) SUBTOTAL of Itemized Independent Expenditures	i		•	20000.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
CROSBY, CALEB, , ,	[Electronically File	led] Date	M M /	20 / 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 23
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼
				C C00608943
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
ANTHRO DIĞITAL				09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 455 1ST STREET			An	nount
City	State	Zip Code		100000.00
BROOKLYN	NY	11215		ansaction ID : SE.4311 tte of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sc	ought: House District: 00
PORTMAN, ROB, , ,		Oppose		esident X Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 7	281910.07	Disburser 2016	ment For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ite of Public Distribution/Dissemination
ANTHRO DIGITAL				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 455 1ST STREET			An	nount
City	State	Zip Code	ļĻ	71000.00
BROOKLYN	NY	11215		ransaction ID: SE.4339 ute of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 001		09 19 / 2016
Name of Federal Candidate:		x Support	Office Sc	ught: House District: 00
PORTMAN, ROB, , ,		Oppose	Pre	esident State: OH
Calendar Year-To-Date		352910.07		ment For: Primary 🗶 General
Per Election for Office Sought	7 7	002010.07	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			171000.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•
CROSBY, CALEB, , ,	[Electronically Fil	led1	M = M	/ D = D / Y = Y = Y
Signature	при	Date	10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 23 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CLEARPATH ACTION, INC.				C C00608943
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
ANTHRO DIGITAL				09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 455 1ST STREET			An	nount
City	State	Zip Code	<u> —</u> Г	11000.00
BROOKLYN	NY	11215		ansaction ID : SE.4340 tte of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office So	ught: House District: 26
CURBELO, CARLOS, , ,		Oppose		esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		35719.12	Disburser	1
, <u> </u>	7 7			Other (specify) ▶
Full Name of Payee ANTHRO DIGITAL		☐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 455 1ST STREET			An	09 16 2016
	1	T = -		
City BROOKLYN	State	Zip Code 11215		100000.00 ransaction ID : SE.4341
Purpose of Expenditure		Category/	Da	te of Disbursement or Obligation
MEDIA PLACEMENT		Type 004		09 19 2016
Name of Federal Candidate:		✗ Support	Office So	ught: House District: 00
BURR, RICHARD, , ,		Oppose	Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		302000.00	Disburser	,
To Elocation for Campa Congress	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			111000.00
(a) CUPTOTAL of Units arised by descending A Forest Mississipped			F	
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
CROSBY, CALEB, , ,	[Electronically Fil	'ed1 _	M M	/ D D / Y Y Y Y Y
Signature		Date	e 10	20 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 23 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CLEARPATH ACTION, INC.				C C00608943
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
ANTHRO DÍGITAL				09 18 2016
Mailing Address 455 1ST STREET				
				Amount
City	State	Zip Code		10000.00
BROOKLYN	NY	11215		Transaction ID: SE.4350 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004	4	M 09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 21
STEFANIK, ELISE M., , ,		Oppose		President Senate State: NY
Calendar Year-To-Date		1 minutes 1	Disbu	rsement For: Primary Seneral
Per Election for Office Sought	7 7	72000.00	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
ANTHRO DIGITAL				09 18 2016
Mailing Address 455 1ST STREET				
				Amount
City	State	Zip Code		10000.00
BROOKLYN	NY	11215		Transaction ID : SE.4351 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ 004	1	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type 004		03 20 2010
Name of Federal Candidate:		x Support	Office	Sought: Mouse District: 23
REED, THOMAS W II, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date		83433.35		rsement For: Primary 🗷 General
Per Election for Office Sought	7 7	00.00.00	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		▶	20000.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		▶	
(a) TOTAL Independent Expenditures				
(,				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
CROSBY, CALEB, , ,	[Electronically Fil	led1	M	M / D D / Y Y Y Y
Signature	Lacer ometing I'll	Date Date	e 10	20 2016

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CLEARPATH ACTION, INC.				
				C C00608943
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee ANTHRO DIGITAL		☐ Memo	o Item	Date of Public Distribution/Dissemination
Mailing Address 455 1ST STREET				09 / 25 / Y Y Y Y Y
455 1ST STREET				Amount
City	State	Zip Code		135000.00
BROOKLYN	NY	11215		Transaction ID : SE.4358 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 00)4	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
BURR, RICHARD, , ,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	437000.00	Disbu 2016	ursement For: Primary
Full Name of Payee		☐ Memo	o Item	Date of Public Distribution/Dissemination
ANTHRO DIGITAL				09
Mailing Address 455 1ST STREET				
				Amount
City	State	Zip Code		18000.00
BROOKLYN	NY	11215		Transaction ID : SE.4361 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 00	4	09 26 / 2016
Name of Federal Candidate:		✗ Support	Office	e Sought:
CURBELO, CARLOS, , ,		Oppose		President Senate State: FL
Calendar Year-To-Date		53719.12		ursement For: Primary 🗶 General
Per Election for Office Sought	7 7	33713.12	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	153000.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(a) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CROSBY, CALEB, , ,	Electronically Fil	ed]	to M	0 20 2016
Signature		Da	te 1	0 20 2010

SCHEDULE E (FEC Form 3X)

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TEMIZED INDEPENDENT EXPENDITURES					PAGE 20	
NAME OF COMMITTEE (In Full)				EEC		ON NUMBER ▼
CLEARPATH ACTION, INC.				I I I		
				C	C00608943	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D D /	Y
Full Name of Payee		Memo	Item Date	te of Pub	lic Distribution/	/Dissemination
ANTHRO DIGITAL				M M M	/ D D /	2016
Mailing Address 455 1ST STREET				03	25	2010
			Am	ount		
City	State	Zip Code				14000.00
BROOKLYN	NY	11215			ID: SE.4364 oursement or C	Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		M 09	26	2016
Name of Federal Candidate:		✗ Support	Office Soi	ught:	X House	District: 21
STEFANIK, ELISE M., , ,		Oppose		sident	Senate	State: NY
Calendar Year-To-Date		86000.00	Disbursen	nent For:	Primary	/ X General
Per Election for Office Sought	7	80000.00	2016	Other (s	specify) ►	
Full Name of Payee ANTHRO DIGITAL		☐ Memo	Item Dat	te of Pub	lic Distribution/	Dissemination
ANTIRO DIGITAL				M M M	/ D D /	2016
Mailing Address 455 1ST STREET			Λ	aunt.		
				ount		
City	State	Zip Code	١Ļ		1D 05 1005	12000.00
BROOKLYN	NY	11215			n ID : SE.4367 oursement or C	Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		M 09	26	2016
Name of Federal Candidate:		✗ Support	Office Soi	ught:	X House	District: 23
REED, THOMAS W II, , ,		Oppose	Pres	sident	Senate	State: NY
Calendar Year-To-Date		05400.05	Disbursen	nent For:	Primary	/ X General
Per Election for Office Sought	7 7	95433.35	2016	Other (s	specify) ►	
•						
(a) SUBTOTAL of Itemized Independent Expenditures			. •			26000.00
(a) SUBTOTAL of Unitemized Independent Expenditur	es		. •			
(a) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
CROSBY, CALEB, , ,	Electronically File	ed1 -	M = M	/ 0		YYY
Signature		Date	e 10	20	201	O

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 23 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CLEARPATH ACTION, INC.				C C00608943
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
ANTHRO DÍGITAL				09 27 2016
Mailing Address 455 1ST STREET				Amount
City	State	Zip Code		20000.00
BROOKLYN	NY	11215		Transaction ID : SE.4370
Purpose of Expenditure MEDIA PLACEMENT	<u></u>	Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	Sought: House District: 06
KATKO, JOHN M, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	20000.00	Disburs 2016	Sement For: Primary General
Full Name of Payee	,	Memo	Itom	Other (specify) ▶ Date of Public Distribution/Dissemination
ANTHRO DIGITAL		□ Memo	item	M M / D D / Y Y Y Y
Mailing Address 455 1ST STREET				09 27 2016
			4	Amount
City	State	Zip Code		2000.00
BROOKLYN	NY	11215	I	Transaction ID : SE.4371 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004		09 / 26 / Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought:
KATKO, JOHN M, , ,		Oppose	F	President Senate State: NY
Calendar Year-To-Date		22000.00	1	sement For: Primary X General
Per Election for Office Sought	7	22000.00	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			22000.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res			
(a) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
CROSBY, CALEB, , ,	[Electronically Fil	led1	M = 1	W / D D / Y Y Y Y
Signature	,	Date	e 10	20 2016

Signature

TEMIZED INDEPENDENT EXPENDITURES	}			PAGE 22 OF 23
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CLEARPATH ACTION, INC.				C C00608943
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M
Full Name of Payee ANTHRO DIGITAL		☐ Memo		of Public Distribution/Dissemination
Mailing Address 455 1ST STREET			Amou	
City	State	Zip Code	$ \Gamma$	7500.00
BROOKLYN	NY	11215		saction ID : SE.4384 of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004		09 / 26 / 2016
Name of Federal Candidate:		X Support	Office Sough	ht: House District: 00
PORTMAN, ROB, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	360410.07	Disbursement 2016	nt For:
Full Name of Payee ANTHRO DIGITAL		☐ Memo		of Public Distribution/Dissemination
Mailing Address 455 1ST STREET			Amou	10 03 2016 unt
City	State	Zip Code		20000.00
BROOKLYN	NY	11215		saction ID : SE.4376 of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		M 09 / D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: X House District: 07
COFFMAN, MIKE, , ,		Oppose	Presid	lent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	, , ,	20000.00	Disbursement 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			27500.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	7 7
(a) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
CROSBY, CALEB, , ,	[Electronically Fi	<i>led]</i> Date	M = M /	20 / 2016

Signature

TEMIZED INDEPENDENT EXPENDITURES			PAGE 23 OF 23
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
CLEARPATH ACTION, INC.			C C00608943
Check if 24-hour report 48-hour report	New repo	ort Amends repor	rt filed on
Full Name of Payee ANTHRO DIGITAL		☐ Memo I	M - M / D - D / Y - Y - Y - Y
Mailing Address 455 1ST STREET			10 03 2016 Amount
City	State	Zip Code	2000.00
BROOKLYN	NY	11215	Transaction ID : SE.4379 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	09 / D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: X House District: 07
COFFMAN, MIKE, , ,		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	22000.00	Disbursement For: Primary Seneral 2016 Other (specify) ▶
Full Name of Payee		☐ Memo I	Item Date of Public Distribution/Dissemination
Mailing Address			—
ag / tau-oss			Amount
City	State	Zip Code	
Purpose of Expenditure			Date of Disbursement or Obligation
Turpose of Exponditure		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support Oppose	Office Sought: House District: President Senate State:
Colondor Very To Data			Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	77		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			2000.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•
(a) TOTAL Independent Expenditures			603371.59
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized		
CROSBY, CALEB, , ,	Electronically Fil	ed] Date	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y